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APPLICANTS

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** CONTINUING DATA ***** *None yH*

** FOREIGN APPLICATIONS ***** *None yH*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/20/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>6/17/05</i> Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 20 11	INDEPENDENT CLAIMS 3 1
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TITLE
 VERTICAL DEVICE WITH OPTIMAL TRENCH SHAPE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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